



Mental Health/ Disability Services of the East Central Region

Management Plan
Policies and Procedures
Effective July 1, 2020

Approved by the Regional Governing Board May 28, 2020

Geographic Area includes the following counties in Iowa:
Benton, Bremer, Buchanan, Delaware, Dubuque, Iowa, Johnson, Jones, Linn

MHDS of the East Central Region

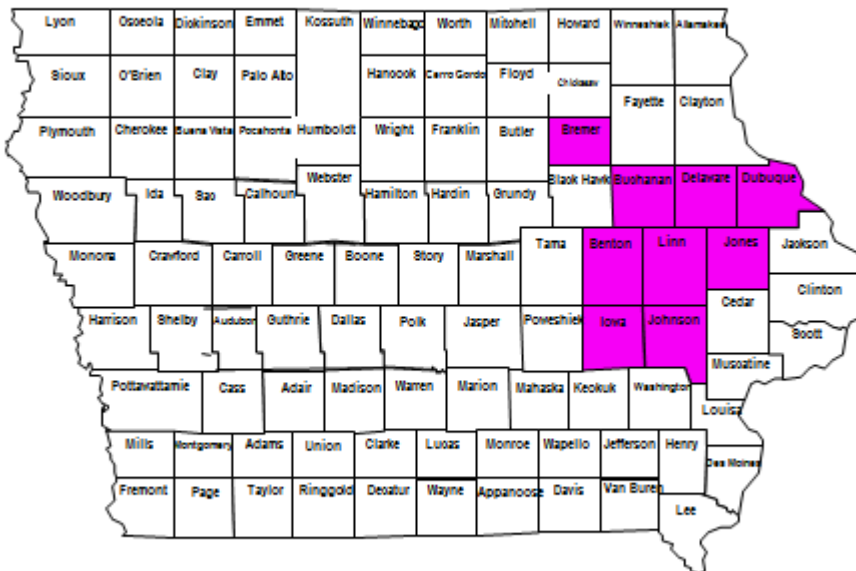


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INTRODUCTION AND VISION

The Mental Health/Disability Services of the East Central Region (ECR) was formed under Iowa Code Chapter 28E to create a mental health and disability service region in compliance with Iowa Code 331.390. The ECR will maintain a regional management plan designed to improve health, hope, and successful outcomes for adults in our region who have mental health and/or intellectual/developmental disabilities, including those with multi-occurring substance use issues, health issues, physical disabilities, brain injuries, and other complex human service needs. In addition, the ECR will incorporate children into our service array as determined through the Iowa Code 331.390 regarding children with a diagnosis of a Serious Emotional Disturbance. Provision for children's services may be provided based on the Regional Governing Board's consideration of the availability and source of funds.

After collaborative planning and growth, the Region has moved into facilitation of a comprehensive network of services across the lifespan for the citizens of the East Central Region. ***The mission of ECR is to collaboratively strengthen the regional network of quality and accessible supports to meet the needs of adults and children with disabilities.*** In addition, the vision of ECR is to ensure a responsive system that:

- Honors the complexity of a region with urban and rural counties
- Adapts to the changing legislative landscape to advocate for stable and predictable funding
- Continues to be forward thinking while ensuring fiscal responsibility
- Demonstrates acceptance and value of all citizens to promote developmentally responsive support and mental wellness

The Regional Governing Board has set the following values:

Service Orientation - Staff of ECR will strive for equitable, inclusive and collaborative opportunities that meet the needs of people supported by ECR while building community and creating public awareness of the region

Proficiency - Staff of ECR will consistently and pro-actively demonstrate a commitment to productivity, team work, innovation, and creativity in order to ensure efficient communication and realistic fiscal responsibility for the region

Caring - Staff of ECR will use sensitivity, compassion and humility to support a family-like atmosphere while being patient, mindful and accepting of people supported by the region

Integrity- Staff of ECR will ethically promote transparency, trustworthiness, accountability, honesty and respect among regional staff and will encourage such with regional partners

BASIC FRAMEWORK OF THE REGIONAL MH/DS SERVICES MANAGEMENT PLAN

This regional Mental Health & Disability Services Management Plan describes both the framework for system design that the ECR has organized across the lifespan for children and adults, as well as the specific activities within the system that will be funded and monitored directly by the ECR.

This Mental Health & Disability Services Management Plan (hereafter referred to as Plan) defines standards for member counties of the East Central Region.

The plan meets the requirements of Iowa Code (IC) section 331.393 and section 331.390 which provide for cost-effective, individualized services and supports that assist persons with disabilities as well as children with behavioral health needs to be as independent, productive, and integrated into the community as possible, within the constraints of available resources.

In compliance with Iowa Administrative Code (IAC) 441.25 the Plan includes three parts: Annual Service & Budget Plan, Annual Report, and Policies & Procedures Manual. The Annual Service & Budget Plan includes access points, service coordination & targeted case management agencies, crisis planning, intensive mental health services designation, children's behavioral health services, scope of services, budget & financing provisions, financial forecasting measures, and provider reimbursement provisions. The Annual Report provides an analysis of data concerning services managed for the previous fiscal year including a confirmation of services provided, the status of service development, actual number of children and adults served, documentation that designated access centers, ACT teams, subacute and intensive residential services met service standards, financial statement of actual revenues and expenditures, and outcomes achieved. The Policies & Procedures Manual includes policies and procedures concerning management of the MH/DS services and MH/DS plan administration.

The ECR shall maintain local county offices as the foundation to the service delivery system.

A current plan is available in each local ECR office and on the Regional and Department of Human Services websites.

A. Organizational Structure

Governing Board (IC 331.390; 331.390(2); IAC 441-25.12)

The ECR organizational structure assigns the planning and development of the regional MH/DS system including the funding of non-Medicaid services with the Governing Board. The make-up of the board is described below. No member shall be an employee of the Department of Human Services.

The Governing Board of Directors shall contain the following Directors:

a) One supervisor from each member county in the region shall be appointed as a Director. The Board of Supervisors of each member county shall select its Director and he or she shall serve indefinitely at the pleasure of the member county appointing the Director, until a successor is appointed, or unless an

earlier appointment becomes necessary due to death, resignation, or the end of such person's service as a county supervisor. An alternate supervisor shall be appointed in the same manner and shall act in the temporary absence or unavailability of the Director.

b) Any County-Appointed Director or alternate may be removed for any reason by the member county appointing the Director or alternate, upon written notice to the Governing Board, which notice shall designate a successor Director or alternate to fill the vacancy.

c) At least one individual who utilizes mental health and disability services, or is an actively involved relative of such an individual. This Director shall be appointed by the Advisory Committee described in Section 4.6 of the MH/DS ECR 28E Agreement with such appointment to become effective upon approval by the Governing Board and to initially coincide with the Effective Date. This Director shall serve an initial term of one year, with appointments thereafter to be for two-year terms.

d) At least one individual representing adult service providers in the Region. This Director shall serve as an ex-officio, non-voting member and shall be appointed by the Advisory Committee described in Section 4.6 of the MH/DS ECR 28E Agreement, with such appointment to become effective upon approval by the Governing Board and to initially coincide with the Effective Date. This Director shall be appointed to two-year terms.

e) One individual representing children's behavioral health service providers in the Region. This Director shall serve as ex-officio, non-voting member and shall be appointed by the Children's Advisory Committee described in Section 4.6 of the MH/DS ECR 28E Agreement, with such appointment to become effective upon approval of the Governing Board and to initially coincide with the Effective Date. This Director shall be appointed to a two-year term and can be re-appointed for one or more additional terms.

f) One individual representing the education system in the Region. This Director shall be appointed by the Children's Advisory Committee described in Section 4.6 of the MH/DS ECR 28E Agreement, with such appointment to become effective upon approval by the Governing Board and to initially coincide with the Effective Date. This Director shall be appointed to a two-year term and can be re-appointed for one or more additional terms.

g) One individual who is a parent of a child who utilizes children's behavior health services or actively involved relatives of such children. Shall be appointed by the Children's Advisory Committee described in Section 4.6 of the MH/DS ECR 28E Agreement, with such appointment to become effective upon approval by the Governing Board and to initially coincide with the Effective Date. This Director shall be appointed to a two-year term and can be re-appointed for one or more additional terms.

h) Any Committee-Appointed Director or alternate may be removed for any reason by the Committee appointing the Director, upon written notice to the Governing Board, which notice shall designate a successor Director to fill the vacancy.

MH/DS Advisory Committees (IC 331.390(2); 331.392(2)i; IAC 441-25.14(1)i and j)

The ECR encourages stakeholder involvement by having Regional Advisory Committees assist in developing and monitoring the plan, goals and objectives identified for the service system, and to serve as a public forum for other related MH/DS issues. The MH/DS Advisory Committees shall represent stakeholders which shall include, but not be limited to, individuals, family members, county officials, and providers.

The Region shall have an Adult Advisory Committee consisting of individuals who utilize services or are actively involved relatives of such individuals, service providers, Governing Board members and other interested community members. The Region shall have a Children's Advisory Committee consisting of parents of children who utilize services or actively involved relatives of such children, a member of the education system, an early childhood advocate, a child welfare advocate, a children's behavioral health service provider, a member of the juvenile court, a pediatrician, a child care provider, a local law enforcement representative, and regional governing board members. The number and composition of the Advisory Committee shall be established by action of the Governing Board and appointments to the Advisory Committee shall be made by the Governing Board. Committee members shall serve indefinitely at the pleasure of the Governing Board. A member of the Governing Board shall be designated to act as liaison to the Advisory Committees. In addition to providing input to the Governing Board when requested, the Advisory Committee shall designate ex-officio members to serve on the Governing Board as outlined in Section 4.1 MH/DS ECR 28E Agreement.

Chief Executive Officer

The Governing Board will appoint the Chief Executive Officer (CEO) as referenced in Iowa Code 331.392(3) and Iowa Administrative Code 441-25.12 (1) (e). The CEO functions are supervised and evaluated by the Governing Board. The Chief Executive Officer will be the single point of accountability for the Region and shall be responsible for entering into performance-based contracts with the Department of Human Services. The Chief Executive Officer shall report to the Governing Board and will serve as the contact person for all requests for information or other inquiries from the Department of Human Services or the State of Iowa regarding provision of services, quality of services and expenditures of Regional funds. The Chief Executive Officer shall serve at the direction of the Governing Board and shall be under its direct supervision, evaluation and control.

Administrative Entity

The Governing Board shall appoint Coordinators of Services who shall be under the direction of the Chief Executive Officer. The Governing Board may adopt such policies, rules, regulations, procedures and other actions as are necessary in the operation of the Region that are not inconsistent with the law or the 28E Agreement.

The Regional Administrative Entity will perform all of the duties required by statute and administrative rule and in conformance with the Regional Management Plan. The Governing Board shall also provide for support staff as determined necessary and support staff shall be under the direction of the Chief Executive Officer. The duties of the Regional Administrative Entity will be coordinated and assigned by the

Governing Board in a manner deemed to be in the best interests of the Region and to ensure as much efficiency as is practicable. These duties will include but are not limited to: care coordination, quality assessments, service development, performance outcomes, referrals, claims processing, budget and forecasting, implementation of best practice models, development of policy, intake procedures and access to services, development/expansion of crisis services and development of new services models that will meet the needs of the residents of the Region.

The Chief Executive Officer, the Coordinators of Mental Health and Disability Services for adults and Children's Behavioral Health, and all support staff will remain employees of individual counties. There will be statements of understanding between the Governing Board and the individual county Boards of Supervisors that will identify the individual employee, the position to be filled, and the portion of the employee's wages and benefits that will be reimbursed to the county from Regional funds. Staff shall include one or more coordinators of mental health and disability services and one or more coordinators of children's behavioral health, hired by their respective county for personnel, payroll and benefit purposes, and be accountable to their particular Board of Supervisors for business unrelated to East Central Region. For job duties performed on behalf of the Region, Service Coordinators shall be accountable to the East Central Region CEO and Governing Board.

In addition to the Regional Administrative Entity, the Governing Board may, as deemed necessary and with the consent of the member county, delegate any support functions to a member county. The cost of said support functions will be submitted to the Region as administrative overhead for the member county.

B. Service System Management

The ECR shall directly administer the Region MH/DS Plan through the local county community services offices and contract with service providers to meet the service needs of individuals living in the region. Member counties shall provide adequate credentialed staff to carry out the administration of this Plan. The staff delegated to the perform functions of Coordinators of Disability Services shall have the qualifications required by IC 331.390(3)b and IAC 441-25.12(2)e & f.

County	Address	Phone
Benton County	811 D Ave Suite 33 Vinton IA 52349	319-472-4743
Bremer County	203 1 st Ave NE Waverly IA 50677	319-352-2993
Buchanan County	210 5 th Ave NE Independence IA 50644	319-334-7450
Delaware County	601 Grant St Manchester IA 52057	563-927-5116
Dubuque County	720 Central Dubuque IA 52001	563-589-7870
Iowa County	495 4 th Ave PO 7 Conroy IA 52220	319-662-4245
Johnson County	855 S Dubuque St Iowa City IA 52240	319-339-6169
Jones County	105 Broadway Place Ste 2 PO 427 Anamosa IA 52205	319-462-4457
Linn County	1240 26 th Ave Court SW Cedar Rapids IA 52404	319-892-5671
Chief Executive Officer	210 Jones Street Suite 203 Dubuque IA 52001	563-239-0013

Risk Management and Fiscal Viability IC 331.393(2)f; (IAC 441.25.21(1)f)

The ECR does not contract management responsibility for any aspect of the regional system of care to any agency or entity. The Governing Board shall retain full authority for the regional system of care and the associated fixed budget.

Conflict of Interest

Funding authorization decisions shall be made by the ECR staff, who shall have no personal or financial interest in the outcome of the decision. In the event that such a situation occurs, that interest must be fully disclosed to the individuals, counties, and other stakeholders. If it is perceived by any person that a conflict of interest is present, the concerned party may present the concern in writing to the Governing Board. The Chair shall schedule a meeting of the Board within two weeks and notify the concerned party of the meeting date. The Board will determine if a conflict of interest exists. If it is determined there is a conflict, a letter will be sent to the concerned party with options for resolution of the conflict. The Governing Board is empowered to define financial or non-financial conflict of interest situations involving its member(s) and shall take action regarding the voting rights of said member(s) in such situations by authorizing abstention from voting.

C. System Management

System of Care Approach Plan IC 331.393(4)h; (IAC 441-25.21(1)h)

The ECR provides leadership and management at the local level for designing a regional system of care for Mental Health and Disability Services. The design of the system is based on the expectation that individuals and families have multi-occurring issues, and incorporates an organized quality improvement partnership process to achieve the vision defined in this plan.

Addressing Integrated Multi-Occurring Needs IC 331.393(4) h & m; (IAC 441-25.21(1)n; 441-25.21(1)m)

IAC 441.25.1 “Multi-occurring conditions” means a diagnosis of a severe and persistent mental illness occurring along with one or more of the following: a physical health condition, a substance use disorder, an intellectual or developmental disability, or a brain injury.

The ECR shall maintain a service delivery approach that builds partnerships within a quality improvement framework to create a broad, integrated process for meeting multiple needs. This approach is based on the principles of interagency collaboration; individualized, strengths-based practices; cultural competence; community-based services; accountability; and full participation of individuals served at all levels of the system. The ECR shall work to build the infrastructure needed to result in positive outcomes for individuals served.

In addition, the ECR shall partner with courts to ensure alternatives to commitment and to coordinate funding for services for individuals under Chapter 229 commitment. The ECR shall collaborate with the Iowa Department of Human Services, Iowa Department of Public Health, Department of Corrections, Iowa Medicaid Enterprise, other regions, other funders, service providers, case management, school systems, AEA's, Integrated Health Homes, individuals, families and advocates to ensure the authorized services and supports are responsive to individuals' needs, consistent with system principles and cost effective.

The ECR may create committees to organize the tasks, activities, and functions associated with building, implementing, and sustaining systems of care. These committees will ensure that authorized services and supports are responsive to individuals' needs, consistent with system principles and are cost-effective by soliciting input from committee members and others concerned with the service system.

The ECR shall have Advisory Committees as described in Section A: Organizational Structure. The Governing Board may establish other committees for various other purposes as deemed necessary for the operation of the Region. Once the need for a committee has been established by the Governing Board, member Counties of the Region will provide nominations for individuals to serve on the committee. Appointments to any established committee of the Region shall be made by action of the Governing Board. All recommendations made by the Advisory Committee will be reported back to the Governing Board for incorporation in future planning. All committee appointees shall serve at the discretion of the Governing Board.

Decentralized Service Provisions (IC 331.393(4)i & IAC 441-25.21(1)i)

The ECR shall strive to provide services in a dispersed manner to meet the minimum access standards of core services by utilizing the strengths and assets of the regional service providers. The following measures will be used to ensure services are accessible in all parts of the region:

- Analyzing the gaps by assessing unmet needs
- Incorporating feedback from community stakeholders
- Identifying costs and exploring alternative funding streams
- Developing or expanding services to meet gaps
- Identifying service providers willing to provide services within the area
- Ensuring core services are available within 30 miles in urban areas or 45 miles in rural areas
- Exploring technological innovations and modalities to meet needs more efficiently

Utilization and Access to Services (IC 331.393(4)d; IAC 441-25.21(1)d)

Within the broad system approach outlined above, the ECR will oversee access and utilization to services as well as population-based outcomes for the MH/DS involved population in the region, in order to continuously improve system design and better meet the needs of people with complex challenges. In order to accomplish this, the ECR will integrate planning, administration, financing, and service delivery using utilization reports from both the region and the state including the following:

- inventory of available services and providers
- utilization data on the services

Results will be analyzed to determine if there are gaps in services or if barriers exist due to:

- service offered
- adequate provider network
- restrictions on eligibility
- restrictions on availability
- location

The region will assist all organizations to become high quality providers. The ECR will gather outcomes data to make available to providers, referral services and to purchasers of services. Timely access to crisis services in the ECR may be provided until help is available. The region will collaborate with providers to access resources to improve their outcomes. There will be training and support offered utilizing available technology so that all providers have equitable access. The region will also encourage cooperation among providers and peers to share information and strategies so that the entire system increases service quality.

This information will be used for future planning in the annual service budget plan, improving the system of care approach plan, collaborating with agencies, decentralizing service provisions, and provider network formation. In addition, the data elements, indicators, metrics and performance improvement for population management will be continuously improved over time as the region develops increasing capability for managing the needs of its population.

D. Financing and Delivery of Services and Support (IAC 441-25.21(1)a)

NOTE: This section, and the following sections, except for section I, focuses specifically on services directly funded by the East Central Region, within the larger system design partnership described in the previous section.

The Region setup a hybrid account. Each member county is responsible for maintaining its own MH/DS levy account for the deposit of tax revenues. All MH/DS revenues so deposited and maintained, with the exception of interest earned, will belong to and be available upon demand to the Governing Board.

The Region has established a Regional account(s) for receipt of member county contributions and any state, federal or other funding directed to the Region, and for payment of all claims. All service costs will be submitted to and paid through the Region account. The Region account shall be under the control of a fiscal agent to be designated by the Governing Board. Each member county shall contribute monies from their MH/DS levy account to the Region account when needed as determined by the Governing Board.

Administrative costs, both for the Region and those incurred by member counties, shall be submitted to and paid through the Region account. Methods for determining allowable administrative costs, billing procedures and payment procedures shall be determined by the Governing Board.

Non-Medicaid mental health and disability services and Children’s Behavioral Health funding shall be under the control of the Governing Board in accordance with Iowa Administrative Code 441-25.13 and Iowa Code 331.391. The Governing Board shall retain full authority and financial risk for the Plan. The finances of the Region shall be maintained to limit administrative burden and provide public transparency.

The Chief Executive Officer, Fiscal Agent and Administrative Entity shall prepare a proposed annual budget based upon the services outlined in the Annual Service and Budget Plan. Services will be prioritized in the following order:

- Core Services to core populations
- Additional Core Services
- Additional populations
- Services determined to be necessary for the well-being of individuals living within the region

The proposed budget shall be reviewed by the Governing Board for final approval. The CEO, with assistance from the Budget Coordinator, shall be responsible for managing and monitoring the adopted budget.

Services funded by the ECR are subject to change or termination with the development of the regional MH/DS budget each fiscal year for the period of July 1 to June 30.

The Governing Board has contracted with a Regional Fiscal Agent. The Governing Board will annually approve the per capita amount of each county’s contribution to be paid to the Regional Fiscal Agent. All expenditures, including funds held by the Regional Fiscal Agent and funds held in individual county accounts, shall comply with the guidelines outlined in the Annual Service and Budget Plan. See 28E Agreement on ECR or Secretary of State website for specific financial and fund balance information.

Accounting System and Financial Reporting

The accounting system and financial reporting to the department conforms to Iowa Code 441- 25.13 (2) (331.391) and includes all non-Medicaid mental health and disability expenditures funded by the Region. Information is separated and identified in the most recent Uniform Chart of Accounts approved by the State County Finance Committee including, but not limited to, the following: expenses for administration; purchase of services; and enterprise costs for which the region may be a service provider or is directly billing and collecting payments.

Contracting/Provider Agreements

Based on contracting criteria, the ECR will contract with MH/DS providers whose base of operation is in the region to meet the service needs of the population. The region may also honor contracts that other regions have negotiated with their local providers. The ECR may also choose to contract with providers outside of the region. A contract may not be required with providers that provide one-time or as needed services.

The ECR will examine ways to develop financial incentives for obtaining high performance individual outcomes and cost effectiveness. The region may utilize vouchers and other non-traditional means to fund services.

Funding

Funding shall be provided for appropriate, flexible, cost-effective community services and supports to meet individual needs in the least restrictive environment possible. The region will consider outcomes-based or value-based funding as the system continues to evolve, including working collaboratively with the Managed Care Organizations. The ECR recognizes the importance of individualized planning for services and supports to empower all individuals to reach their fullest potential.

An individual who is eligible for other funding must apply for and accept such funding and support. Failure to do so shall render the individual ineligible for regional funds for services that would have been covered under funding, unless the region is mandated by state or federal law to pay for said services.

Individuals who are in immediate need and are awaiting approval and receipt of assistance under other programs may be considered eligible if all other criteria are met.

The ECR shall be responsible for funding only those services and supports that are authorized in accordance with the process described in the MH/DS Plan, within the constraints of budgeted dollars. The ECR shall be the funder of last resort and regional funds shall not replace other funding that is available.

E. Enrollment (IAC441-25.21(1)b

Application and Enrollment

Individuals residing in the nine-county East Central Region, or their legal representative, may apply for regional funding for services by contacting any ECR Coordinator of Disability Services or may contact one of the designated access points (Attachment A) to complete an application (Forms Attachment). Applications are also available online at the ECR website (ecriowa.org).

The MH/DS of the East Central Region Application Form or its equivalent shall be used for all service requests. If language or other barriers exist, the access points shall contact an appropriate person to assist the applicant in the intake process. The completed application shall be forwarded by access points, crisis service providers and community mental health centers to the Intake Coordinator's office or designee by the end of the next business day.

ECR staff shall review the application within 5 (five) business days to determine if all necessary information is present and complete on the application. If the application is incomplete, the applicant will be notified, informing them of the additional items that must be submitted. Eligibility determination will be completed within 10 (ten) business days of receipt of a fully completed application and a notice of decision will be mailed to the individual unless otherwise requested. Failure to respond within 30 (thirty) days with necessary information and/or to provide a fully completed application may result in a delay or denial of funding.

Residency

If an applicant has complied with all information requests, their access to services shall not be delayed while awaiting a determination of legal residence. In these instances, the ECR shall fund services and later seek reimbursement from the region of the county of legal residence.

“County of residence” means the county in this state in which, at the time a person applies for or receives services, the person is living and has established an ongoing presence with the declared, good faith intention of living in the county for a permanent or indefinite period of time. The county of residence of a person who is a homeless person is the county where the homeless person usually sleeps. A person maintains residency in the county in which the person last resided while the person is present in another county receiving services in a hospital, a correctional facility, a halfway house for community-based corrections or substance-related treatment, a nursing facility, an intermediate care facility for persons with an intellectual disability, a residential care facility, or for the purpose of attending a college or university. (IC 331.394(1)a)

Exception to Policy

An Exception to Policy may be granted if a decision would result in severely negative consequences for the applicant or when the reversal has positive fiscal impact for the region.

Exceptions to Policy can be requested for unusual or extenuating circumstances, but should not be requested if:

- The service does not fall under the commonly understood scope of MH/DS
- The person is not eligible for the service under the guidelines of this plan

Exceptions to Policy can only be submitted for review by the region via a service coordinator (Regional Social Worker, IHH Worker, or Case Manager). If a person is not involved in service coordination, ETPs will be submitted by the Region’s intake office. A summary on the regionally designated form of the situation will be required for review.

A sub-committee of Coordinators will review and make a decision on the ETP, in consultation with the regional CEO, when necessary. ETPs will be decided within 10 days. Notification of whether the ETP was granted will be sent to the party who requested the ETP and the service coordinator who brought it forth.

Exceptions for services or expenses incurred that are more than 30 days past due will not be considered.

Exceptions for new funding requests including rent, deposit and utilities that were not pre-authorized will not be considered.

ETP denials will not be eligible for reconsideration or appeal, but regional staff retains the right to request additional information, if necessary. The exception period may not exceed one year and may be renewed following the Exception to Policy procedure.

Confidentiality

The ECR is committed to respecting individual privacy. To that end, all persons, including ECR staff, Governing Board, and others with legal access to individual information, shall have an obligation to keep individual information confidential. Information shall only be released in accordance with HIPAA and other federal and state laws and in accordance with professional ethics and standards.

Confidential information may be released without written permission of the individual or their guardian for medical or psychological emergencies and inspection by certifying or licensing agencies of the state or federal government.

Individual files will be maintained for seven years following the date of service to the individual.

Procedures to assure confidentiality shall include:

- Individual's (or their legal guardian's) written consent shall be obtained prior to release of any confidential information, unless an emergency.
- Information or records released shall be limited to only those documents needed for a specific purpose.
- Individual or an authorized representative shall be allowed to request a copy any regionally-generated information in the individual record.
- Individual and related conversations shall be conducted in private settings.
- All discussion and review of individual's status and/or records by ECR staff shall be conducted in private settings.
- All paper and computer files shall be maintained in a manner that prevents public access to them.
- All confidential information disposed of shall be shredded.
- Steps shall be taken to assure that all fax, email, and cellular phone transmissions are secure and private.
- Staff shall receive initial and ongoing training concerning confidentiality and staff shall sign a statement agreeing to confidentiality terms.
- For additional information, refer to the ECR website (ecriowa.org).

In order to determine eligibility for regional funding, perform ongoing eligibility review, and to provide service coordination and monitoring, individuals or their authorized representatives shall be requested to sign release forms. Failure of individuals to sign or authorize a release of information shall not be an automatic reason for denial; however, ECR staff's inability to obtain sufficient information to make an eligibility determination may result in denial of regional funding.

F. Eligibility (IAC 441-25.21(1)c)

General Eligibility

Individuals with a covered diagnosis are eligible for services designated in the Annual Service and Budget Plan if an assessment verifies the need for these services. All services authorized shall be strictly related to the identified diagnosis.

Some services for adults and children are determined via the following eligibility criteria:

- Financial eligibility – eligibility is based strictly on income and resource guidelines listed below. Examples include assessment for eligibility.
- Diagnostic eligibility – eligibility is based on income and resource guidelines and a verified diagnosis provided by a licensed health practitioner. Examples include outpatient therapy, medication prescription and medication management.
- Non-eligibility based – general services provided to regional citizens not dependent on financial or diagnostic criteria. Examples include prevention and education.

Extenuating circumstances may be considered to waive eligibility requirements and allow provisional, short-term funding.

Eligibility for mental health services for adults (IAC 441-25.15(1))

An individual must comply with all of the following requirements to be eligible for mental health services under the regional service system:

- a. The individual complies with the MH/DS of the East Central Region financial eligibility requirements
- b. The individual is at least 18 years of age.
- c. The individual is a resident of this state and currently has legal residency in one of the counties comprising the East Central Region.
- d. The individual has had at any time during the preceding 12-month period a mental health, behavioral, or emotional disorder or, in the opinion of a mental health professional, may now have such a diagnosable disorder. The diagnosis shall be made in accordance with the criteria provided in the most recent Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association and shall not include the manual's "V" codes identifying conditions other than a disease or injury. The diagnosis shall also not include substance-related disorders, dementia, antisocial personality, or developmental disabilities, unless co-occurring with another diagnosable mental illness.
- e. The results of a standardized functional assessment support the need for mental health services of the type and frequency identified in the individual's case plan. The standardized functional assessment methodology shall be designated for mental health services by the director of human services in consultation with the state commission. A functional assessment must be completed within 90 days of application for services.
- f. Is a United States citizen or in the United States legally.

Eligibility for children's behavioral health services (IAC 441-25.15(2))

Within the funds available, the region may pay for such services for eligible children when payment through the medical assistance program or another third-party payment is not available, unless the child is on a waiting list for such payment or it has been determined that the child does not meet the eligibility criteria for any such service.

An individual must comply with all of the following requirements to be eligible for children's behavioral health services under the regional service system:

- a. The individual is a child under 18 years of age.
- b. The child's custodial parent is a resident of the state of Iowa, and the child is physically present in the state.
- c. The child's family meets the financial eligibility requirements in rule 441—25.16(331) and as described below.
- d. Have a diagnosis of serious emotional disturbance which means a child from birth up to age 18 who currently or at any time during the past year has had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the Diagnostic and Statistical Manual of Mental Disorders, Third Edition, Revised (DSM-III-R; American Psychiatric Association, 1987) that resulted in functional impairment, which substantially interferes with or limits the child's role or functioning in family, school, or community activities. Sufficient duration refers to a continuous 12-month period (SAMHSA 1993). A serious emotional disturbance diagnosis is not required to access comprehensive facility and community-based crisis services according to Iowa Code section 331.397A(4)“b.”
- e. Is a United States citizen or in the United States legally.

Eligibility for intellectual disability services (IAC 441-25.15(3))

An individual must comply with all of the following requirements to be eligible for intellectual disability services under the regional service system:

- a. The individual complies with the financial eligibility requirements in rule 441—25.16(331) and as described below.
- b. The individual has a diagnosis of intellectual disability as defined by Iowa Code section 4.1(9A) and the current Diagnostic and Statistical Manual, which means individuals who meet the following three conditions:
 - 1. Significantly sub average intellectual functioning: an intelligence quotient (IQ) of 70, with a margin of error of plus or minus five (5) points, or below on an individually administered IQ test (for infants, a clinical judgment of significantly sub average intellectual functioning) as defined by the most recent Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association.
 - 2. Concurrent deficits or impairments in present adaptive functioning (i.e., the person's effectiveness in meeting the standards expected for the person's age by the person's cultural group) in at least two of the following areas: communication, self-care, home living, social and interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, health, and safety.
 - 3. The onset is before the age of 18.
- c. The individual is a resident of this state and currently has legal residency in one of the counties comprising the East Central Region.
- d. The results of a standardized functional assessment support the need for intellectual disability services of the type and frequency identified in the individual's case plan. The standardized functional assessment methodology shall be designated for intellectual services by the director of human services in consultation with the state commission. A functional assessment must be completed within 90 days of application for services.
- e. The individual is at least 18 years of age or an individual who is 17 years of age, is a resident of this state, and is receiving publicly funded children's services may be considered eligible for services

through the regional service system during the three-month period preceding the individual's eighteenth birthday in order to provide a smooth transition from children's to adult services.

f. Is a United States citizen or in the United States legally.

Eligibility for developmental disability services (IAC 441-25.15(7))

- a. Until funding is designated for other service populations, eligibility for the core service domains shall be as identified in Iowa Code section 331.397(1)“b.”
- b. If a county in a region was providing services to an eligibility class of individuals with a developmental disability other than intellectual disability prior to formation of the region, the class of individuals shall remain eligible for the services provided when the region is formed, providing that funds are available to continue such services without limiting or reducing core services. The individual must also meet the requirements in paragraphs 25.15(7)“c,” “d,” “e” and “f.”
- c. The individual complies with the financial eligibility requirements in rule 441—25.16(331) and as described below.
- d. The individual is at least 18 years of age.
- e. The individual is a resident of this state and currently has legal residency in one of the counties comprising the East Central Region.
- f. The individual has a diagnosis of a developmental disability other than an intellectual disability as defined in rule 441—24.1(225C).

441.24.1 (225C) “Developmental disability” means a severe, chronic disability that:

- 1. Is attributable to a mental or physical impairment or combination of mental and physical impairments;
- 2. Is manifested before the age of 22;
- 3. Is likely to continue indefinitely;
- 4. Results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency; and
- 5. Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated. A person from birth to the age of nine, inclusive, who has a substantial developmental delay or specific congenital or acquired condition may be considered to have a developmental disability without meeting three or more of the criteria described above if the person, without services and supports, has a high probability of meeting those criteria later in life.

Financial eligibility (IAC 441—25.16(331))

Income requirements (25.16(1))

- a. Income requirements for **adult** mental health and disability services shall be as follows:
 - (1) The person must have an income equal to or less than 150 percent of the federal poverty level. In determining income eligibility when income fluctuates, the average gross monthly household income for the past two months will be considered. Recent employment and/or income changes may be considered by the ECR in determining income eligibility. Gross income is that which is received by the individual's household, including but not limited to

wages, income from self-employment, retirement benefits, disability benefits, dividends, annuities, public assistance, unemployment compensation, alimony, child support, investment income, rental income, and income from trust funds. Household income includes any Social Security benefits and wages of any adult in the household, related or not related, who would normally be responsible for the person's bills, such as a spouse or significant other. It does not include wages of individuals under the age of 18 or full-time students, educational loans, grants, work-study programs or scholarships. Deductions from gross income include alimony, child support, and payroll garnishments.

(2) Applicants with household income above 150% may be eligible for regional funding with an individual cost share as specified in this manual.

(3) A person who is eligible for federally funded services and other support must apply for such services and support. ECR will provide funding for services while the individual is in the process of applying for health insurance or other funding sources. ECR staff may request proof of application and decision of eligibility. Once eligible, the individual must maintain eligibility with a good faith effort.

b. Income requirements for **children's behavioral health services shall be as follows:**

(1) The child's family has countable household income equal to or less than 500 percent of the federal poverty level. Countable household income and family size shall be determined using the modified adjusted gross income methodology.

(2) An eligible child whose family's countable household income is at least 150 percent and not more than 500 percent of the federal poverty level shall be subject to a cost share as described in sub rule 25.16(3).

(3) A child who is eligible for federally funded services and other support must apply for such services and support. ECR will provide funding for services while the individual is in the process of applying for health insurance or other funding sources. ECR staff may request proof of application and decision of eligibility. Once eligible, the individual must maintain eligibility with a good faith effort.

Verification of income for adult and children's services. Income shall be verified using the most recent information available.

1. Pay stubs, tip records and employers' statements are acceptable forms of verification of earned income.
2. Self-employment income can be verified through business records from the previous year if they are representative of anticipated earnings. If business records from the previous year are not representative of anticipated earnings, an average of the business records from the previous two or three years may be used if that average is representative of anticipated earnings.

Financial eligibility shall be reviewed on an annual basis and may be reviewed more often in response to increases or decreases in income. Applicant is responsible to report any changes in income, finances, resources, or other changes in eligibility criteria, including household composition. Failure to report may result in repayment to the region and/or denial of service funding.

Resource requirements (IAC 441-25.16(2))

There are no resource limits for the family of a child seeking children's behavioral health services.

An adult seeking mental health and disability services must have resources that are equal to or less than \$2,000 in countable value for a single-person household or \$3,000 in countable value for a multi-person household or follow the most recent federal supplemental security income guidelines. The \$2,000 individual and \$3,000 household cap will be strictly enforced across all service categories.

- a. The countable value of all countable resources, both liquid and non-liquid, shall be included in the eligibility determination except as exempted in this sub rule.
- b. A transfer of property or other assets within five years of the time of application with the result of, or intent to, qualify for assistance may result in denial or discontinuation of funding.
- c. Deposit of funds to a retirement account made within the last year of the date of application that exceed the resource threshold as stated above may result in denial or discontinuation of funding.
- d. The following resources shall be exempt:
 - (1) The homestead, including equity in a family home or farm that is used as the individual household's principal place of residence. The homestead shall include all land that is contiguous to the home and the buildings located on the land.
 - (2) One automobile used for transportation.
 - (3) Tools of an actively pursued trade.
 - (4) General household furnishings and personal items.
 - (5) Burial account or trust limited in value as to that allowed in the medical assistance program.
 - (6) Cash surrender value of life insurance with a face value of less than \$1,500 on any one person.
 - (7) Any resource determined excludable by the Social Security Administration as a result of an approved Social Security Administration work incentive.
- e. If an individual does not qualify for federally funded or state-funded services or other support but meets all income, resource, and functional eligibility requirements of this chapter, the following types of resources shall additionally be considered exempt from consideration in eligibility determination:
 - (1) A retirement account that is in the accumulation stage.
 - (2) A medical savings account.
 - (3) An assistive technology account.
 - (4) A burial account or trust limited in value as to that allowed in the medical assistance program.

The Region will consider family eligibility based on a combination of these criteria for household units.

Acceptable verification for Diagnostic requirements

If a copy of a psychological or psychiatric evaluation or other acceptable verification of diagnosis does not accompany the application, ECR staff may request the documentation or refer the applicant to an appropriate health professional for evaluation to verify and document a diagnosis.

Notice of Decisions/Timeframes

Once a fully completed application is received in an East Central Region county office, ECR staff or designee shall determine if the applicant meets the general eligibility criteria within ten (10) business days.

A Notice of Decision shall inform the individual of the general eligibility determination and approval for outpatient therapy and psychiatry if requested. If services other than outpatient therapy and psychiatry are requested, the request will be reviewed based on needs related to the MH/DS diagnosis and presenting concerns. In the event of an emergency, the approval process will be expedited. An evaluation, including diagnosis, may be requested by the ECR. If the individual requires additional services, the individual may be referred to ECR service coordinators, a case management agency or the appropriate Integrated Health Home. Service authorizations will be approved within five (5) business days from the receipt of a Funding Request submitted by the coordinator/ social worker. The Service Notice of Decision shall inform the individual of the action taken on the application, reason for the action, authorized service provider, authorized service(s) and units of services approved based on results of the assessment, contingent on availability of funding. All individuals that receive ongoing ECR-funded services more intensive than outpatient therapy and psychiatry may have a service plan which shall identify the individual's needs and desires and establish goals with action steps to meet those goals. In all instances, the applicant shall be sent a copy of the region's appeal process and informed that they have the right to appeal the decision.

Service and Functional Assessment (IAC441-25.21(1)o)

Upon receipt of procedures identified for standardized functional assessment methodology designated by the director of the Iowa Department of Human Services, such assessments shall be completed on individuals requesting services more intense than outpatient therapy and psychiatry. The assessment will be completed within ninety (90) days of application. The results will determine if there is a need for services, including the type and frequency of service. Individuals eligible for services more intensive than outpatient therapy and psychiatry may be referred to service coordination or care coordination.

Re-enrollment

Individuals must be recertified for services annually. Recertification shall be determined based on financial, resource, diagnostic criteria, and service need. Services may be reevaluated at any time. Individuals are responsible for informing the ECR of changes in income, resources, household members, insurance, or any other factors that may affect eligibility.

Cost-share 441-25.16(3) standards

Cost sharing is allowed for adults with household income above 150 percent of the Federal Poverty Level as defined by the most recently revised poverty guidelines published by the United States Department of Health and Human Services. There will be a Sliding Fee Scale for outpatient mental health services including psychotherapeutic treatment and medication prescription/management. Adults will be allowed to use the following Sliding Fee Scale up to 300% of the annually-adjusted Federal Poverty Level (FPL). For adults, all other services will have a spenddown to 150% of Federal Poverty Level. Cost-share amounts for children's behavioral health services are applicable to core services as defined in Iowa Code section 331.397A. The family of a child receiving regional funding for behavioral health services shall be responsible for a cost-share amount based on the household income up to 500% of the FPL utilizing the following fee schedule.

Sliding Fee Schedule for Children’s Behavioral Health and Adult Outpatient Mental Health Services

Household Income as a % of FPL	Cost Share % for Children	Cost Share % for Adults
0 to 150%	0%	0%
151 to 200%	10%	10%
201 to 250%	15%	15%
251 to 300%	20%	20%
301 to 350%	35%	100%
351 to 400%	50%	100%
401 to 450%	65%	100%
451 to 500%	80%	100%
Over 500%	100%	100%

Any cost sharing or other client participation required by any federal, state, regional or municipal program in which the individual participates shall be required by the regional administrative entity. Such cost sharing includes, but is not limited to:

- a. Client participation for maintenance in a residential care facility through the state supplementary assistance program.
- b. The financial liability for institutional services paid by counties as provided in Iowa Code section 230.15.
- c. The financial liability for attorney fees related to commitment as provided by Iowa Code section 229.8

When cost sharing is determined for other services, it is the responsibility of the service agency to collect the cost share amount and to ensure this is paid until the end of placement.

Cost shares are expected to be collected timely every month in which a cost share is determined.

G. Appeals Processes (IAC 441-25.21(1))

Non-Expedited Appeals Process

Individuals, families, and individual representatives (with the consent of the individual) may appeal the decisions of the region or any of its designees or contractors at any time, excluding Exception to Policy determinations.

How to Appeal: Written appeal forms, with a clear description of the appeals, investigation, and disposition process, and the telephone number for submitting a verbal appeal or grievance shall be attached to the Notice of Decision form. Assistance in completing the appeal form shall be provided upon request. To appeal, a completed appeal form (see Attachment C) must be sent to the ECR Intake Office within ten (10) business days of receipt of the Notice of Decision. The appeal form must be signed by the client and include name, address, email address (if available) and phone number.

Step 1: Reconsideration/Administrative Review – Once an appeal form is received by the ECR Intake office, it will be forwarded to the CEO for consideration. The CEO reserves the right to request additional

information from service providers, regional staff, or other interested parties. Following a review of additional information and all relevant facts, a written decision will be issued no later than five (5) business days following the receipt of the appeal. A copy of the decision will be sent to the client and/or legal guardian by standard United States Postal Service Mail or email, if applicable.

Step 2: Administrative Law Judge - If a resolution is not agreed upon through Administrative Review, the client and/or guardian may pursue an appeal hearing through a state Administrative Law Judge (ALJ). The decision of the state ALJ shall be the final decision. The East Central Region will not pay legal fees for client appeals. Appealing parties are welcome to contact Legal Services of Iowa at 1-800-532-1275 or <http://www.iowalegalaid.org> and will be assisted if necessary. Legal representation is permitted during an Administrative Law Judge hearing, but not required. Assistance in the appeals process is available at any of the following locations:

Benton 319-472-4743
Bremer 319-352-2993
Buchanan 319-334-7450
Delaware 563-927-5116
Dubuque 563-589-7870

Iowa 319-662-4245
Johnson 319-339-6169
Jones 319-462-4457
Linn 319-892-5671

Expedited Appeals Process

This appeal process should only be used by a mental health professional.

This appeals process shall be performed by a mental health professional who is either the Administrator of the Division of Mental Health and Disability Services of the Iowa Department of Human Services or the Administrator's designee. The process is to be used when the decision of the ECR concerning an individual varies from the type and amount of service identified to be necessary for the individual in a clinical determination made by a mental health professional and the mental health professional believes that the failure to provide the type and amount of service identified could cause an immediate danger to the individual's health and safety.

How to Appeal:

Written appeal forms may be requested from ECR staff (see Attachment D).

1. The appeal shall be filed within five (5) business days of receiving the Notice of Decision by the ECR. The expedited review by the Division Administrator or designee shall take place within two (2) business days of receiving the request, unless more information is needed. There is an extension of two (2) business days from the time the new information is received.
2. The Administrator shall issue an order, including a brief statement of findings of fact, conclusions of law, and policy reasons for the order, to justify the decision made concerning the expedited review. If the decision concurs with the contention that there is an immediate danger to the individual's health or safety, the order shall identify the type and amount of service, which shall be provided for the individual. The Administrator or designee shall give such notice as is practicable to individuals who are required to comply with the order. The order is effective when issued

The decision of the Administrator or designee shall be considered a final agency action and is subject to judicial review in accordance with section 17A.19.

H. Provider Network Formation and Management (IAC 441-25.21 (1)j)

The East Central Region fosters a welcoming, respectful attitude among all stakeholders and works together to implement a vision of accessibility, integration, cooperation, and financial accountability. In partnership with all stakeholders, the ECR offers a system of care that is individualized, offers integrated services and incorporates evidence-based practices that have been independently verified by the region as meeting established fidelity to evidence-based service models as indicated in IAC 441-25.5(3). The ECR collaborates with the intention that every provider and every person is equipped to succeed. The ECR involves people who use the services in planning and service delivery.

The ECR maintains a network of licensed and accredited, contracted service providers to meet the continuum of service needs of individuals and to provide each service in the required core service domains. The Region retains the right to select service providers and all must be approved ECR network providers in order to be eligible for regional funding. Payment for commitment related sheriff transportation, court-appointed attorneys, and other incidental or temporary services may be exempt from this policy. The ECR is encouraging all providers to participate in a quality system within the region. This will ensure person/family centered, trauma informed, and multi-occurring capabilities are incorporated. The region will provide opportunities for training, mentoring and support so that every provider who desires to increase their capabilities will succeed. The region values the excellent services that take place daily in the counties throughout the region and know that all providers take every opportunity to enhance the skills of their workforce. Consequently, it is believed that the provider network that exists today will continue to exist in the future.

To be included in the regional MH/DS provider network, a provider must meet at least one of the following criteria:

- Currently licensed, accredited or certified by the State of Iowa, or
- Currently enrolled as a Medicaid provider, or
- Currently accredited by a recognized state or national accrediting body (Joint Commission on Accreditation of Health Care Organization-JCAHO, Council on Rehabilitation Facilities-CARF, etc.)
- Currently has a contract with any Iowa region
- Ability to meet unmet needs for the proposed services
- Provider experience in providing the services

All providers included in the ECR provider network subject to licensure or accreditation shall meet all applicable standards and criteria and must maintain their license or accreditation to remain network providers. If the situation warrants an immediate change in providers, the region shall assist in the transfer of individuals to another network provider.

ECR will recognize the following provider tiers:

1. Traditional (licensed or accredited)
2. Certified with additional training

3. Non-traditional - not expected to have licensure or training

The ECR will make efforts to approve non-traditional and Peer Run providers as part of the service provider network. The following is the criteria and process for selecting and approving providers not currently subject to license, certification, or other state approval standards:

- All applicants will provide documentation that service outcomes achieved by the non-traditional provider, as identified by the individual, must be comparable to services provided by traditional licensed providers
- All applicants will provide evidence that they have no current record in any of the following registries:
 - Criminal
 - Sex offender
 - Child abuse/dependent adult abuse
- All applicants shall provide evidence of applicable insurance (including liability insurance) and the mental/physical abilities or other qualifications needed to perform the service (i.e. driver's license, ability to lift, ability to read labels, etc.)

New providers may be added to the provider network if it is determined either a particular individual will benefit from the service (as determined by the individual's inter-disciplinary team), or that the provider will provide service(s) that will enhance the service system. New network providers shall be approved through the following process:

1. A referral or request for a new network provider may be made by an individual (or authorized representative), individual's case manager, social worker, coordinator, or directly by a provider. All requests to become a provider shall be directed to the Region.
2. Provider applicant shall be screened by the Region. Provider may be asked to meet for an interview or provide additional information.
3. If providing Medicaid funded services, must provide verification of a contract with Iowa's assigned Managed Care Organizations.
4. The Region shall inform the provider of acceptance or denial.
5. New network providers shall receive appropriate orientation and training concerning ECR's Management Plan.

The ECR shall manage the provider network to ensure individual needs are met. The ECR shall ensure an adequate number of providers are available to avoid waiting lists by contracting with outpatient mental health providers, Community Mental Health Centers, at least one inpatient psychiatric hospital within reasonably close proximity and other providers of core services.

Designation of Targeted Case Management Providers (IAC 441-25.21(1)g)

The Region has designated targeted case management providers to offer services to individuals enrolled in the Medicaid Program. The ECR shall offer a choice and access to cost effective, evidence based, conflict free Targeted Case Management as described in IAC 441-25.21(1)g.

Designated Case Management agencies serving the ECR must be accredited by the Department of Human Services. Targeted Case Management and Service Coordination Services (IHH) must meet the qualifications as defined in IAC 441-24.1(225C).

Targeted Case Management and Service Coordination Services shall meet the following expectations:

- Performance and outcome measures relating to the health, safety, school attendance and performance, work performance and community residency of the individuals receiving the service
- Standards including but not limited to social history, assessment, service planning, incident reporting, crisis planning, coordination, and monitoring for individuals receiving the services
- Methodologies for complying with the requirements of sub rule 441-25.21(1)g which may include the use of electronic recording keeping and remote or internet-based training
- On-going collaboration with regional staff to ensure continuity of care, progress towards expected outcomes, and service identification.

ECR values and utilizes local service coordination through Regional Social Workers. Regional Social Workers assist with enrollment and service coordination for those who do not have the above-mentioned roles. A Regional Social Worker will be assigned when appropriate via the social work supervisor.

I. Quality Management and Improvement (IAC 441-25.21(1)e)

The ECR shall have a quality improvement process that provides for ongoing and periodic evaluation of the service system and of the providers of services and supports in the system. Stakeholders, with emphasis on individual input, shall be involved in the development and implementation of the quality improvement program.

System Evaluation

The system evaluation shall include, but not be limited to:

- degree to which services have been distributed throughout the region
- individual satisfaction, including empowerment and quality of life, provider satisfaction; patterns of service utilization; responsiveness to individual needs
- improvement of person/family centered, strength based, trauma informed, multi-occurring capable care
- improvement of provider partnerships with each other and with the regional management team
- number and disposition of individual appeals and the implementation of corrective action plans based on these appeals
- cost-effectiveness
- additional outcomes and performance measures outlined by the Department of Human Services

Annually, the Governing Board shall assess the region's performance and develop a list of priority areas needing improvement. Staff shall participate in developing a program plan that includes measurable goals and action steps with a process of collecting data. Based on the data, areas needing improvement shall be addressed.

The Chief Executive Officer, with the assistance of staff, shall evaluate the levels of improvement resulting from the program plan and determine if further action is needed. This shall be documented in the annual summary.

Quality of Provider Services

The services and supports evaluation shall include, but not be limited to:

- evaluation of the quality of provider services and supports based on individual satisfaction and achievement of desired individual outcomes
- number and disposition of appeals of provider actions and the implementation of corrective action plans based on these appeals
- cost-effectiveness of the services and supports developed and provided by individual providers
- extent to which the provider implements trauma informed, multi-occurring, evidence-based practices

The evaluations shall ensure that services and supports are provided in accordance with provider contracts.

Methods Utilized for Quality Improvement

- Direct interaction and feedback from individuals, families, providers, case managers, service coordinators, and other stakeholders
- Use of needs assessments, satisfaction surveys, and other written questionnaires
- Use of program tracking tools to monitor progress on the implementation of multi-occurring capability
- Establishment and maintenance of a data collection and management information system oriented to the needs of individuals, providers, and other programs or facilities
- Tracking changes and trends in the disability services system and providing reports to the Department of Human Services as requested for the following information for each individual served:
 - expenditure data
 - demographic information
 - data concerning the services and other support provided to each individual, as specified in administrative rule adopted by the Commission.

Central Data Repository Regional Requirements

- The data collection and management information system utilized shall have the capacity to exchange information with the department, counties and regions, contractors, and others involved with services to persons with a disability who have authorized access to the central data repository.
- The information exchanged shall be labeled consistently and share the same definitions.

The East Central Region will designate and/or contract with licensed and accredited providers with the expectation that the standardized performance and outcome measures related to the specified service(s) provided by that individual or agency. The Region facilitates the collection of the below Performance and Outcome Measures as identified in Iowa Code 225C.6A(3):

- a. Access to services.
- b. Life in the community.
- c. Person-centeredness.
- d. Health and wellness.

- e. Quality of life and safety.
- f. Family and natural supports.

Performance and Outcome measures related to education will be synchronized with the standardized performance and outcome measures identified by region education partners in conjunction with region funded Children's Behavioral Health services. Statewide aggregate school attendance information and region involved individual school attendance measures will be collected accordingly.

J. Service Provider Payment Provisions (IAC 441-25.21(1)k)

Each service provider shall provide monthly billing invoices and other information requested of the provider for utilization review. The monthly billings shall include the following information (as applicable)

- provider name and address
- name and unique identifier of each individual served during the reporting period
- identifier and name of service(s) provided
- dates of service
- number of units of service, unit rate and total cost of units provided to each individual
- amount billed to other sources (including client participation or cost-sharing), and therefore deducted from the county costs, for each individual
- copy of Explanation of Benefits for services partially paid by insurance when requested, attendance records and/or other documentation substantiating service provision

Providers will be asked to submit billings in an electronic format if possible. ECR staff will provide the format and an initial electronic claim. Providers may choose to file utilizing an 837 Health Care Claim or mail or fax paper claims. Contact information is listed below.

MH/DS of the ECR
210 5th Ave NE
Independence IA 50644
Fax: 319-334-7495
E-mail: claims@ecriowa.us

Providers are expected to submit invoices within sixty (60) days of the service unless the provider is waiting for third party payment. No bill will be paid that is over one year old from the date of service rendered without specific approval from the CEO or unless there is a statutory obligation. All eligible bills shall be paid within sixty (60) days of receipt of required documentation unless unforeseen circumstances exist. Remittance advice will be provided to each provider showing amount paid and explaining any reductions or denials in payment.

ECR staff shall review the billings and additional utilization information in comparison with service funding authorizations in place. The ECR will only reimburse for those services that are authorized and at the rate approved in the contract. The ECR will reimburse out-of-region providers according to the terms and rates outlined in the host region contract unless the ECR has a contract with such providers. Services delivered without service funding authorization shall be deducted from the billing, unless otherwise contracted.

Dispute Resolution

It is the intent of the ECR that only ECR staff shall authorize services for residents of the ECR. ECR will reimburse another region for services paid while a determination of residency is being made. When written notification is received by the ECR of the error of the residency determination, ECR staff shall authorize services according to the policies and procedures set forth in this manual. Iowa Code 331.394 reads:

5.a. The dispute resolution process implemented in accordance with this subsection applies to residency disputes. The dispute resolution process is not applicable to disputes involving persons committed to a state facility pursuant to chapter 812 or rule of criminal procedure 2.22, Iowa court rules, or to disputes involving service authorization decisions made by a region.

b. If a county or region, as applicable, receives a billing for services provided to a resident in another county or region, or objects to a residency determination certified by another county's or region's regional administrator and asserts either that the person has residency in another county or region or the person is not a resident of this state, the person's residency status shall be determined as provided in this subsection. If the county or region asserts that the person has residency in another county or region, the county or region shall notify the other county or region within one hundred twenty days of receiving the billing for services.

c. The county or region that received the notification, as applicable, shall respond to the party that provided the notification within forty-five days of receiving the notification. If the parties cannot agree to a settlement as to the person's residency status within ninety days of the date of notification, on motion of any of the parties, the matter shall be referred to the department of inspections and appeals for a contested case hearing under chapter 17A before an administrative law judge assigned in accordance with section 10A.801 to determine the person's residency status.

d. (1) The administrative law judge's determination of the person's residency status shall be considered final agency action, notwithstanding contrary provisions of section 17A.15. The party that does not prevail in the determination or subsequent judicial review is liable for costs associated with the proceeding, including reimbursement of the department of inspections and appeals' actual costs associated with the administrative proceeding. Judicial review of the determination may be sought in accordance with section 17A.19.

(2) If following the determination of a person's residency status in accordance with this subsection, additional evidence becomes available that merits a change in that determination, the parties affected may change the determination by mutual agreement. Otherwise, a party may move that the matter be reconsidered by the county or region, or by the administrative law judge.

e. (1) Unless a petition is filed for judicial review, the administrative law judge's determination of the person's residency status shall result in one of the following:

(a) If a county or region is determined to be the person's residence, the county or region shall pay the amounts due and shall reimburse any other amounts paid for services provided by the other county or region on the person's behalf prior to the determination.

(b) If it is determined that the person is not a resident of this state neither the region in which the services were provided nor the state shall be liable for payment of amounts due for services provided to the person prior to the determination.

(2) The payment or reimbursement shall be remitted within forty-five days of the date the determination was issued. After the forty-five-day period, a penalty of not greater than one percent per month may be added to the amount due.

6.a. The dispute resolution process implemented in accordance with this subsection applies beginning July 1, 2012, to billing disputes between the state and a county or region, other than residency disputes or other dispute processes under this section, involving the responsibility for service costs for services provided on or after July 1, 2011, under any of the following:

- (1) Chapter 221.
- (2) Chapter 222.
- (3) Chapter 229.
- (4) Chapter 230.
- (5) Chapter 249A.
- (6) Chapter 812.

b. If a county, region, or the department, as applicable, disputes a billing for service costs listed in paragraph “a”, the dispute shall be resolved as provided in this subsection. The county or region shall notify the department of the county’s or region’s assertion within ninety days of receiving the billing. However, for services provided on or after July 1, 2011, for which a county has received the billing as of July 1, 2012, the county shall notify the department of the county’s assertion on or before October 1, 2012. If the department disputes such a billing of a regional administrator, the department shall notify the affected counties or regions of the department’s assertion.

c. The department, county, or region that received the notification, as applicable, shall respond to the party that provided the notification within forty-five days of receiving the notification. If the parties cannot agree to a settlement as to the dispute within ninety days of the date of notification, on motion of any of the parties, the matter shall be referred to the department of inspections and appeals for a contested case hearing under chapter 17A before an administrative law judge assigned in accordance with section 10A.801 to determine facts and issue a decision to resolve the dispute.

d. (1) The administrative law judge’s decision is a final agency action, notwithstanding contrary provisions of section 17A.15. The party that does not prevail in the decision or subsequent judicial review is liable for costs associated with the proceeding, including reimbursement of the department of inspections and appeals’ actual costs associated with the administrative proceeding. Judicial review of the decision may be sought in accordance with section 17A.19.

(2) If following the decision regarding a dispute in accordance with this subsection, additional evidence becomes available that merits a change in that decision, the parties affected may change the decision by mutual agreement. Otherwise, a party may move that the matter be reconsidered by the department, county, or region, or by the administrative law judge.

e. (1) Unless a petition is filed for judicial review, the administrative law judge’s decision regarding a disputed billing shall result in one of the following:

(a) If a county or region is determined to be responsible for the disputed amounts, the county or region shall pay the amounts due and shall reimburse any other amounts paid for services provided by the other county or region or the department on the person’s behalf prior to the decision.

(b) If it is determined that the state is responsible for the disputed amounts, the state shall pay the amounts due and shall reimburse the county or region, as applicable, for any payment made on behalf of the person prior to the decision.

(2) The payment or reimbursement shall be remitted within forty-five days of the date the decision was issued. After the forty-five-day period, a penalty of not greater than one percent per month may be added to the amount due.

K. Waiting List Criteria (IAC 441-25.21(1)r)

The ECR requires each individual's interdisciplinary team to continuously and actively utilize the following strategies to prevent the need to implement a waiting list or shorten the length of time on a waiting list:

1. Seek ways to move individuals to the least restrictive environments.
2. Assist individuals to utilize or learn to utilize natural supports whenever possible.
3. Determine that services reflect the individual's needs based on assessment.
4. Ensure that individuals access and accept all other funding sources for which they qualify prior to accessing ECR funding.

The ECR will only implement a waiting list if the property tax levy in each county is at the maximum amount and all dollars available to the region have been fully encumbered. The ECR may implement a waiting list if encumbered expenses for a given fiscal year exceed regional MH/DS funds available. Core Services to core populations will be a priority. Additional Core Services will be the next priority. Additional populations served will be the next priority and other services determined to be necessary for the well-being of individuals living in the region will be the final priority.

If a waiting list is implemented, individuals placed on the waiting list will be notified and provided the estimated length of time before funding will be available. When funding becomes available, the ECR will determine the services and individuals approved for funding in accordance with the date placed on the waiting list and on emergency need.

The waiting list applies to all new recipients, individuals requesting an increase in services or additional services, and may include renewal of identified services as they come up for reauthorization. Exceptions may be granted based on vital need and/or safety or when mandated by Iowa Code. The waiting list shall be centrally maintained by the CEO or their designee.

Any waiting list that may exist shall be reviewed annually when planning for future budgeting needs and future development of services. Data from any implemented waiting list will be compiled and used in any future planning.

L. Amendments (IAC 441-25.21(3))

This manual has been approved by the Mental Health/Disability Services of the East Central Region Governing Board and by the Director of the Iowa Department of Human Services.

Amendments to this Policy and Procedures Manual shall be reviewed by the Regional Advisory Committees who shall make recommendations to the Regional Governing Board. After approval by the Regional Governing Board, amendments shall be submitted to the Director of the Iowa Department of Human

Services for approval at least forty-five (45) days before the planned date of implementation. Before implementation of any amendment to the manual, the Director must approve the amendment.

APPENDICES

Appendix A

Access Points

Applications will be secured by contacting your local ECR Office.

County	Address	Phone
Benton County	811 D Avenue Suite 33 Vinton IA 52349	319-472-4743
Bremer County	203 1 st Ave NE Waverly IA 50677	319-352-2993
Buchanan County	210 5 th Ave NE Independence IA 50644	319-334-7450
Delaware County	601 Grant St Manchester IA 52057	563-927-5116
Dubuque County	720 Central Dubuque IA 52001	563-589-7870
Iowa County	495 4 th Ave PO 7 Conroy IA 52220	319-662-4245
Johnson County	855 S Dubuque St Suite 202 B Iowa City IA 52240	319-339-6169
Jones County	105 Broadway Plc Ste 2 PO 247 Anamosa IA 52205	319-462-4457
Linn County	1240 26 th Ave Court SW Cedar Rapids IA 52404	319-892-5671

Appendix B

Sliding Fee Schedule for Children's Behavioral Health and Adult Outpatient Mental Health Services

Household Income as a % of FPL	Cost Share % for Children	Cost Share % for Adults
0 to 150%	0%	0%
151 to 200%	10%	10%
201 to 250%	15%	15%
251 to 300%	20%	20%
301 to 350%	35%	100%
351 to 400%	50%	100%
401 to 450%	65%	100%
451 to 500%	80%	100%
Over 500%	100%	100%

Appendix C

Appeals

Mental Health/Disability Services of the East Central Region Non-Expedited Appeal Form

Member Name _____

Phone # _____

Address _____

City _____ State _____ Zip Code _____

What service denial are you appealing? _____

Explain why you believe you need the requested service?

Your signature: _____

Legal Guardian Signature: _____

Date _____

Please send this form to the person who denied your services. Their name and address will be at the bottom of the denial.

If you have questions about the appeals process or if you need help, please contact any county office below and we will be very pleased to help you:

Benton 319-472-4743
Bremer 319-352-2993
Buchanan 319-334-7450
Delaware 563-927-5116
Dubuque 563-589-7870

Iowa 319-662-4245
Johnson 319-339-6169
Jones 319-462-4457
Linn 319-892-5671

Provider Form for Expedited Appeal

Provider Information

Treating Physician/Provider _____

Phone # _____ Fax # _____

Address _____

City _____ State _____ Zip Code _____

Patient Information

Member Name _____

Identifier: _____ Phone # _____

Address _____

City _____ State _____ Zip Code _____

What service denial is the patient appealing?

Explain why you believe the patient needs the requested service and why the time for the standard appeal process will harm the patient.

Fax this form with any supporting documentation and medical records to
DHS Division Administrator Fax #: 515-242-6036

Provider's Signature _____ Date _____

If you have questions about the appeals process contact any county office below:

Benton 319-472-4743
Bremer 319-352-2993
Buchanan 319-334-7450
Delaware 563-927-5116
Dubuque 563-589-7870

Iowa 319-662-4245
Johnson 319-339-6169
Jones 319-462-4457
Linn 319-892-5671

Glossary

Access point -- a provider, public, or private institution, advocacy organization, legal representative, or educational institution with staff trained to complete applications and guide individuals with a disability to needed services.

Applicant -- an individual who applies to receive services and supports from the service system.

Assessment and evaluation -- a service as defined in 441-25.1.

Assistive technology account -- funds in contracts, savings, trust or other financial accounts, financial instruments, or other arrangements with a definite cash value that are set aside and designated for the purchase, lease, or acquisition of assistive technology, assistive technology services, or assistive technology devices. Assistive technology accounts must be held separately from other accounts. Funds must be used to purchase, lease, or otherwise acquire assistive technology services or devices for a working individual with a disability. Any withdrawal from an assistive technology account other than for the designated purpose becomes a countable resource.

Authorized representative -- a person designated by the individual or by Iowa law to act on the individual's behalf in specified affairs to the extent prescribed by law.

Chief Executive Officer -- the individual chosen and supervised by the governing board who serves as the single point of accountability for the mental health and disability services region including, but not limited to, planning, budgeting, monitoring county and regional expenditures, and ensuring the delivery of quality services that achieve expected outcomes for the individuals served.

Child or children - a person or persons under eighteen years of age.

Children's behavioral health services - behavioral health services for children who have a diagnosis of serious emotional disturbance.

Children's behavioral health system or children's system - the behavioral health system for children implemented pursuant to Iowa Code Chapter 225C.

Choice -- the individual or authorized representative chooses the services, supports, and goods needed to best meet the individual's goals and accepts the responsibility and consequences of those choices.

Clear lines of Accountability -- the structure of the governing board's organization makes it evident that the ultimate responsibility for the administration of the non-Medicaid funded mental health and disability services lies with the governing board and that the governing board directly and solely supervises the organization's chief executive officer.

Conflict Free Case Management -- there is no real or seeming incompatibility between the case managers other interests and the case managers duties to the person served determination for services; establishing funding levels for the individual's services; and include requirements that do not allow the case manager from performing evaluations, assessments, and plans of care if the case manager is related by blood or marriage to the individual or any of the individual's paid caregivers, financially responsible for the individual, or empowered to make financial or health-related decisions on behalf of the individual.

Community -- an integrated setting of an individual's choice.

Coordinator of disability services -- as defined in Iowa Code 331.390.3.b.

Coordinator of children's behavioral health services- a member of the regional administrative entity staff who meets the requirements described in Iowa Code section 331.390(3)"b" and is responsible for coordinating behavioral health services for children.

331.390(3) "b" The regional administrator staff shall include one or more coordinators of mental health and disability services and one or more coordinators of children's behavioral health services.

A coordinator shall possess a bachelor's or higher level degree in a human services-related or administration-related field, including but not limited to social work, psychology, nursing, or public or business administration, from an accredited college or university. However, in lieu of a degree in public or business administration, a coordinator may provide documentation of relevant management experience. An action of a coordinator involving a clinical decision shall be made in conjunction with a professional who is trained in the delivery of the mental health or disability service or children's behavioral health service addressed by the clinical decision. The regional administrator shall determine whether referral to a coordinator of mental health and disability services or children's behavioral health services is required for a person or child seeking to access a service through a local access point of the regional service system or the children's behavioral health system.

"Countable household income" shall mean earned and unearned income of the family of a child according to the modified adjusted gross income methodology

Countable resource -- means all liquid and non-liquid assets owned in part or in whole by the individual household that could be converted to cash to use for support and maintenance and that the individual household is not legally restricted from using for support and maintenance.

County of residence -- means the county in this state in which, at the time a person applies for or receives services, the person is living and has established an ongoing presence with the declared, good faith intention of living in the county for a permanent or indefinite period of time. The county of residence of a person who is a homeless person is the county where the homeless person usually sleeps. A person maintains residency in the county in which the person last resided while the person is present in another county receiving services in a hospital, a correctional facility, a halfway house for community-based corrections or substance-related treatment, a nursing facility, an intermediate care facility for persons with an intellectual disability, or a residential care facility, or for the purpose of attending a college or university.

"Early identification" means the process of detecting developmental delays or untreated conditions that may indicate the need for further evaluation.

"Early intervention" means services designed to address the social, emotional, and developmental needs of children at their earliest stages to decrease long-term effects and provide support in meeting developmental milestones.

"Education services" means activities that increase awareness and understanding of the causes and nature of conditions or factors which affect an individual's development and functioning.

Empowerment -- that the service system ensures the rights, dignity, and ability of individuals and their families to exercise choices, take risks, provide input, and accept responsibility.

Exempt resource -- a resource that is disregarded in the determination of eligibility for public funding assistance and in the calculation of client participation amounts

"Federal poverty level" means the most recently revised annual poverty income guidelines published in the Federal Register by the United States Department of Health and Human Services

Household -- for an individual who is 18 years of age or over, the individual, the individual's spouse or domestic partner, and any children, step-children, or wards under the age of 18 who reside with the individual. For an individual under the age of 18, household -- the individual, the individual's parents (or parent and domestic partner), step-parents or guardians, and any children, step-children, or wards under the age of 18 of the individual's parents (or parent and domestic partner), step-parents, or guardians who reside with the individual.

Income -- all gross income received by the individual's household, including but not limited to wages, income from self-employment, retirement benefits, disability benefits, dividends, annuities, public assistance, unemployment compensation, alimony, child support, investment income, rental income, and income from

trust funds prior to any deductions. Household income includes any Social Security benefits and wages of any adult in the household, related or not related, who would normally be responsible for the person's bills, such as a spouse or significant other. It does not include wages of individuals under the age of 18 or full-time students, educational loans, grants, work-study programs or scholarships. Deductions from gross income include alimony, child support and payroll garnishments.

Individual -- any person seeking or receiving services in a regional service system.

Individualized services -- services and supports that are tailored to meet the personalized needs of the individual.

Liquid assets -- assets that can be converted to cash in 20 days. These include but are not limited to cash on hand, checking accounts, savings accounts, stocks, bonds, cash value of life insurance, individual retirement accounts, certificates of deposit, and other investments.

Managed care -- a system that provides the coordinated delivery of services and supports that are necessary and appropriate, delivered in the least restrictive settings and in the least intrusive manner. Managed care seeks to balance three factors: achieving high-quality outcomes for participants, coordinating access, and containing costs.

Managed system -- a system that integrates planning, administration, financing, and service delivery. The system consists of the financing or governing organization, the entity responsible for care management, and the network of service providers.

Medical savings account -- an account that is exempt from federal income taxation pursuant to Section 220 of the United States Internal Revenue Code (26 U.S.C. §220) as supported by documentation provided by the bank or other financial institution. Any withdrawal from a medical savings account other than for the designated purpose becomes a countable resource.

"Mental health inpatient treatment" or "behavioral health inpatient treatment" means inpatient psychiatric services to treat an acute psychiatric condition provided in a licensed hospital with a psychiatric unit or a licensed freestanding psychiatric hospital.

Mental health professional -- the same as defined in Iowa code section 228.1.

"Modified adjusted gross income" means the methodology prescribed in 42 U.S.C. Section 1396a(e)(14) and 42 CFR 435.603.

Non-liquid assets -- assets that cannot be converted to cash in 20 days. Non-liquid assets include, but are not limited to, real estate, motor vehicles, motor vessels, livestock, tools, machinery, and personal property.

Population -- as defined in Iowa Code 331.388.

"Prevention" means efforts to increase awareness and understanding of the causes and nature of conditions or situations which affect an individual's functioning in society. Prevention activities are designed to convey information about the cause of conditions, situation, or problems that interfere with an individual's functioning or ways in which that knowledge can be used to prevent their occurrence or reduce their effect, and may include, but are not limited to, training events, webinars, presentations, and public meetings

Provider -- an individual, firm, corporation, association, or institution which is providing or has been approved to provide medical assistance, is accredited under Chapter 24, holds a professional license to provide the services, is accredited by an national insurance panel, or holds other national accreditation or certification".

Regional administrator or Regional administrative entity -- the administrative office, or organization formed by agreement of the counties participating in a mental health and disability services region to function on behalf of those counties.

Regional services fund -- the mental health and disability regional services fund created in Iowa code section 225C.7A.

Regional service system management plan -- the regional service system plan developed pursuant to Iowa Code 331.393 for the funding and administration of non-Medicaid funded mental health and disability services including an annual service and budget plan, a policy and procedure manual, and an annual report and how the region will coordinate with the Department in the provision of mental health and disability services funded under the medical assistance program.

Resources -- all liquid and non-liquid assets owned in part or in whole by the individual household that could be converted to cash to use for support and maintenance and that the individual household is not legally restricted from using for support and maintenance.

Retirement account -- any retirement or pension fund or account listed in Iowa Code section 627.6(8)“f”.

Retirement account in the accumulation stage -- a retirement account into which a deposit was made in the previous tax year. Any withdrawal from a retirement account becomes a countable resource.

Serious emotional disturbance -- means the same as defined in Iowa code section 225C.2. A child must have a diagnosis of serious emotional disturbance which means a child from birth up to age 18 who currently or at any time during the past year has had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the Diagnostic and Statistical Manual of Mental Disorders, Third Edition, Revised (DSM-III-R; American Psychiatric Association, 1987) that resulted in functional impairment, which substantially interferes with or limits the child's role or functioning in family, school, or community activities. Sufficient duration refers to a continuous 12-month period (SAMHSA 1993). A serious emotional disturbance diagnosis is not required to access comprehensive facility and community-based crisis services according to Iowa Code section 331.397A(4)“b.”

Service system -- the mental health and disability services and supports administered and paid from the regional services fund.

“State board” means the children’s behavioral health system state board created in code section 225C.51.

State case status -- the standing of an individual who has no county of residence.

State commission -- MH/DS Commission as defined in Iowa Code 225C.5.

System of Care -- the coordination of a system of services and supports to individuals and their families that ensures they optimally live, work, and recreate in integrated communities of their choice.

System principles -- practices that include individual choice, community and empowerment.

Forms

Appeals Form	Attachment C
Application Packet	Pages 46-57
Exception to Policy	Page 58
Notice of Decision	From CSN

MH/DS of the East Central Region Application Form

For individuals living in: Benton, Bremer, Buchanan, Delaware, Dubuque, Iowa, Johnson, Jones, and Linn

Application Date: _____ Date Received by Office: _____

First Name: _____ Last Name: _____ MI: _____

Nickname: _____ Maiden Name: _____

Date of Birth: _____ SSN# _____ E-Mail Address _____

Race: ☐ American Indian ☐ Asian/Pacific Islander ☐ Black/African American ☐ Other _____ ☐ Unknown ☐ White

Sex: ☐ Male ☐ Female US Citizen: ☐ Yes ☐ No If you are not a citizen, are you in the country legally? ☐ Yes ☐ No

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed Primary Language: _____

Legal Status: ☐ Voluntary ☐ Involuntary-Civil ☐ Involuntary-Criminal ☐ Probation ☐ Parole ☐ Jail/Prison

Are you considered legally blind? ☐ Yes ☐ No If yes, when was this determined? _____

Home Phone: _____ Cell: _____ May we leave a message? ☐ Yes ☐ No

Current Address: _____

Street City State Zip
County

Begin Date at this address: _____

☐ Use as current Mailing Address: If not list address _____

Previous Address _____

Street City State Zip County

Begin Date _____ End Date _____

Living Arrangement: ☐ Alone ☐ With family members ☐ With unrelated individuals Number of roommates: _____

Current Residential Arrangement: ☐ Private Residence ☐ Foster Care/Family Life Home ☐ Correctional Facility

Homeless/Shelter/Street ☐ Residential Facility, type: _____ ☐ Other: _____

Veteran Status: ☐ Yes ☐ No Branch & Type of Discharge: _____ Dates of Service: _____

Current Employment: (Check applicable employment)

☐ Unemployed, available for work

☐ Employed, Part time

☐ Work Activity

☐ Vocational Rehabilitation

☐ Homemaker

☐ Unemployed, unavailable for work

☐ Retired

☐ Sheltered Work Employment

☐ Seasonally Employed

☐ Volunteer

☐ Employed, Full time

☐ Student

☐ Supported Employment

☐ Armed Forces

☐ Other _____

Current Employer: _____ Position: _____

Dates of employment: _____ Hourly Wage: _____ Hours worked weekly: _____

Employment History: (list starting with most recent to previous)

Employer	City, State	Job Title	Duties	To/From
1.				
2.				

Education: What is the highest level of education you achieved? # of years: _____ Emergency Contact Person: _____

Degree/GED: _____

Name: _____

Relationship: _____

Address: _____

Phone: _____

Current Service Providers: _____

Application continues on the back of this page 1

Motor Vehicles: ☒ Yes ☐ No Make & Year: _____ Estimated value: _____
(include car, truck, motorcycle, boat, Make & Year: _____ Estimated value: _____
recreational vehicle, etc.) Make & Year: _____ Estimated value: _____

Do you, your spouse or dependent children own or have interest in the following:

House including the one you live in? ☐ Yes ☐ No Any other real estate or land? ☐ Yes ☐ No Other? ☒ Yes ☐ No

If yes to any of the above, please explain: _____

Have you sold or given away any property in the last five (5) years? ☐ Yes ☐ No **If yes, what did you sell or give away?**

Health Insurance Information: (Check all that apply)

Primary Carrier (pays 1st)

☐ Applicant Pays ☐ Medicaid ☐ Family Planning only
☐ Medicare A, B, D ☐ Medically Needy
☐ No Insurance ☐ Private Insurance

Company Name _____

Address _____

Policy Number: _____

(or Medicaid/Title 19 or Medicare Claim Number)

Start Date: _____ Any limits? ☐ Yes ☐ No

Spend down: _____ Deductible: _____

Secondary Carrier (pays 2nd)

☐ Applicant Pays ☐ Medicaid ☐ Family Planning only
☐ Medicare A, B, D ☐ Medically Needy
☐ No Insurance ☐ Private Insurance

Company Name _____

Address _____

Policy Number _____

(or Medicaid/Title 19 or Medicare Claim Number)

Start Date: _____ Any limits? ☐ Yes ☐ No

Spend down: _____ Deductible: _____

☐☐☐☐

Referral Source: Self ☐ Community Corrections ☐ Family/Friend ☐ Social Service Agency ☐ Targeted Case Management
☐ Other Case Management ☐ Other _____

Have you applied for any of the public programs listed below?

(Please check those you have applied for and the status of your referral) Has your application been Approved or Denied? If denied and you appealed, what is the date of appeal _____ Have you applied for reconsideration _____ Have you had a hearing with an

Administrative Law Judge and what was the date of the scheduled hearing: _____

Social Security ☐ ☐ SSDI/SSI _____ Medicare ☐

Medicaid ☐ DHS Food Assistance: ☐ FIP ☐

Veterans ☐ Unemployment ☐ Other ☐

Disability Group/Primary Diagnosis: (If known)

☐ Mental Illness ☐ Intellectual Disability ☐ Developmental Disability ☐ Substance Abuse ☐ Brain Injury

Specific Diagnosis determined by: _____ Date: _____

Axis I: _____ Dx Code(s): _____

Axis II: _____ Dx Code(s): _____

Why are you here today? What services do you NEED? (this section must be completed as part of this application!)

I certify that the above information is true and complete to the best of my knowledge, and I authorize ECR staff to check for verification of the information provided including verification with Iowa county government and the state of Iowa Department of Human Services (DHS) and Iowa Department of Corrections or Community Corrections staff. I understand that the information gathered in this document is for the use of the East Central Region in establishing my ability to pay for services requested, and in assuring the appropriateness of services requested. I understand that information in this document will remain confidential.

Applicant's Signature (or Legal Guardian)	Date
---	------

Signature of other completing form if not Applicant or Legal Guardian	Date
---	------

Please read and sign the Privacy Policy located on the back of this page.3

**MH/DS OF THE EAST CENTRAL REGION ACKNOWLEDGMENT
OF
RECEIPT OF NOTICE OF PRIVACY PRACTICE**

I, _____, do hereby acknowledge receipt of a copy of the Mental Health and Disability Services of the East Central Region's Notice of Privacy Practice, Policy and Procedure.

Signature of Individual

Date

IN THE EVENT THIS REQUEST IS MADE BY THE INDIVIDUAL'S PERSONAL REPRESENTATIVE (guardian, power of attorney, etc.)

Signature of personal representative

Date

Legal authority of personal representative

Date

OR

IF YOU DO NOT WANT A COPY OF THE REGION'S PRIVACY PRACTICE

I, _____, do hereby acknowledge that I was informed of the Mental Health and Disability Services of the East Central Region's Notice of Privacy Practice, Policy and Procedure and was offered a copy of the Notice of Privacy Practice, Policy and Procedure but have declined the receipt of the Notice.

Signature of Individual

Date

IN THE EVENT THIS REQUEST IS MADE BY THE INDIVIDUAL'S PERSONAL REPRESENTATIVE (guardian, power of attorney, etc.)

Signature of personal representative

Date

Legal authority of personal representative

Date

MHDS OF THE EAST CENTRAL REGION

PRIVACY PRACTICES NOTICE

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.

Our Legal Duty

We are required by applicable federal and state law to maintain changes in our privacy practices and the new terms of our the privacy of your protected health information. We are also notice effective for all protected health information that we required to give you this notice about our privacy practices, our maintain, including protected health information we created legal duties, and your rights concerning your protected health or received before we made the changes. Before we make a information. We must follow the privacy practices that are significant change in our privacy practices, we will change described in this notice while it is in effect. This notice takes this notice and send the new notice to our active clients at effect July 1, 2014, and will remain in effect until we replace it. the time of the change.

We reserve the right to change our privacy practices and the You may request a copy of our notice at any time. For more terms of this notice at any time, provided such changes are information about our privacy practices, or for additional copies permitted by applicable law. We reserve the right to make the of this notice, please contact us using the information listed at the end of this notice.

Uses and Disclosures of Protected Health Information

We use and disclose protected health information about you for treatment, payment, and health care operations. For example:

training programs, accreditation, certification, licensing or credentialing activities;

Treatment: We may use or disclose your protected health information to a physician or other health care provider in order to provide treatment to you.

Payment: We may use or disclose your protected health information to pay claims from providers, hospitals, or for other services delivered to you that are covered by MHDS of the East Central Region, to determine your eligibility for services, to coordinate your services, to issue explanations of benefits and the like. We may disclose your information to a health care or service provider subject to the federal Privacy Rules so they can engage in billing/payment activity.

Operations: We may use and disclose your information in connection with our operations. Our operations include:

- rating our risk;
- quality assessment and improvement activities
- reviewing the competence or qualifications of mental health/disability services professionals, evaluating provider performance, conducting

- medical review, legal services, and auditing, including fraud and abuse detection and compliance;
- business planning and development; and
- business management and general administrative activities, including management activities relating to privacy, customer service, resolution of internal grievances, and creating de-identified information or a limited data set.

We may disclose your information to another entity which has a relationship with you and is subject to the federal Privacy Rules, for their operations relating to quality assessment and improvement activities, reviewing the competence or qualifications of health care and service professionals, or detecting or preventing fraud and abuse.

On Your Authorization: You may give us written authorization to use your protected health information or to disclose to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. To the extent that we maintain or receive psychotherapy notes about you, most disclosures of these notes require your authorization. In

addition, most uses and disclosures of protected health

information for marketing purposes and disclosures that constitute a sale of protected health information, require your information as authorized by law for the following purposes authorization. Unless you give us a written authorization, we deemed to be in the public interest or benefit:

will not use or disclose your protected health information for any reason except those described in this notice.

To Your Family and Friends: We may disclose your protected health information to a family member, friend or other person to the extent necessary to help with your services. We may use or disclose your name, location, and general condition or death to notify, or assist in the notification of (including identifying or locating), a person involved in your care.

Before we disclose your protected health information to a person involved in your care, services or payment for services, we will provide you with an opportunity to object to such uses or disclosures. If you are not present, or in the event of your incapacity or an emergency, we will disclose your protected health information based on our professional judgment of whether the disclosure would be in your best interest.

Disaster Relief: We may use or disclose your protected health information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

- as required by law;
- for public health activities, including disease and vital statistic reporting, child abuse reporting, FDA oversight, and to employers regarding work-related illness or injury;
- to report adult abuse, neglect, or domestic violence;
- to health oversight agencies;
- in response to court and administrative orders and other lawful processes;
- to law enforcement officials pursuant to subpoenas and other lawful processes, concerning crime victims, suspicious deaths, crimes on our premises, reporting crimes in emergencies, and for purposes of identifying or locating a suspect or other person;
- to coroners, medical examiners, and funeral directors;
- to organ procurement organizations;
- to avert a serious threat to health or safety;
- in connection with certain research activities;
- to the military and to federal officials for lawful intelligence, counterintelligence, and national security activities;
- to correctional institutions regarding inmates; and
- as authorized by state worker's compensation laws.

Individual Rights

Access: You have the right to look at or get copies of your protected health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. This may include an electronic copy in certain circumstances. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your protected health information. You may obtain a form to request access by using the contact information listed at the end of this notice. You may also request access by sending us a letter to the address at the end of this notice. If you request copies, we will charge you \$0.25 for each page, \$12.00 per hour for staff time to locate and copy your protected health information, and postage if you want the copies mailed to you. If you request an alternative format, we will charge a cost-based fee for providing your protected health information in that format. If you prefer, we will prepare a summary or an explanation of your protected health information for a fee. Contact us using the information

listed at the end of this notice for a full explanation of our fee structure.

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your protected health information for purposes other than treatment, payment, health care operations, as authorized by you, and for certain other activities, since April 14, 2003. We will provide you with the date on which we made the disclosure, the name of the person or entity to which we disclosed your protected health information, a description of the protected health information we disclosed, the reason for the disclosure, and certain other information. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. Contact us using the information listed at the end of this notice for a full explanation of our fee structure.

Amendment: You have the right to request that we amend your protected health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request if we did not create the information you want amended and the originator remains available or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your protected health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). Any agreement to additional restrictions must be in writing signed by a person authorized to make such an agreement on our behalf. We will not be bound unless our agreement is so memorialized in writing.

Confidential Communication: You have the right to request that we communicate with you about your protected health information by alternative means or to alternative locations. You must make your request in writing, and you must state that the information could endanger you if it is not communicated in confidence as you request. We must accommodate your request if it is reasonable, specifies the alternative means or locations and continues to allow us to conduct normal business operations.

Electronic Notice: If you receive this notice on our web site or by electronic mail (e-mail), you are entitled to receive this notice in written form. Please contact us using the information listed at the end of this notice to obtain this notice in written form.

Breach Notification: In the event of a breach of your unsecured protected health information, we will provide you notification of such a breach, as required by law.

Questions and Complaints

If you want more information about our privacy practices or may complain to us using the contact information listed at the end of this notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

If you are concerned that we may have violated your privacy rights or you disagree with a decision we made about access to your protected health information or in response to a request you made to amend or restrict the use or disclosure of your protected health information or to have us communicate with a complaint with us or with the U.S. Department of Health and Human Services, you We support your right to the privacy of your protected health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Officer: Jody Bridgewater
Email: jbridgewater@ecriowa.us
Telephone: (319) 892-5635
Fax: (319) 892-5679
Address: 1240 26th Court Street SW
Cedar Rapids, Iowa 52404

**MENTAL HEALTH/DISABILITY SERVICES OF THE
EAST CENTRAL REGION
RELEASE OF INFORMATION**

INDIVIDUAL'S FULL NAME _____
SOCIAL SECURITY NUMBER XXX-XX-_____

DATE OF BIRTH _____
STATE ID # _____

ADDRESS OF INDIVIDUAL USING SERVICES _____

I, the undersigned, hereby authorize MH/DS East Central Region staff to release and/or obtain verbal, electronic, or written information indicated below, regarding the above named individual using services, with:

Name of Person or Agency _____

Complete Mailing Address _____

Phone _____ Fax _____

The information being released will be used for the following purpose:

☒ Planning and implementation of my Individual Comprehensive Plan
☒ Coordination of Services
☒ Monitoring of Services

☐ Referral for new services

☐ Other (specify) _____

INFORMATION TO BE RELEASED OR OBTAINED:

	Yes	No		Yes	No
Medical/Health/Dental	<input type="checkbox"/>	<input type="checkbox"/>	Financial/Insurance	<input type="checkbox"/>	<input type="checkbox"/>
Hospital (specify dates) _____	<input type="checkbox"/>	<input type="checkbox"/>	Assessment	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric	<input type="checkbox"/>	<input type="checkbox"/>	Social History	<input type="checkbox"/>	<input type="checkbox"/>
Psychological	<input type="checkbox"/>	<input type="checkbox"/>	Service/Treatment Plans	<input type="checkbox"/>	<input type="checkbox"/>
Educational	<input type="checkbox"/>	<input type="checkbox"/>	Progress Reporting	<input type="checkbox"/>	<input type="checkbox"/>
Vocational	<input type="checkbox"/>	<input type="checkbox"/>	Re-Release of 3 rd Party Info (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
Legal	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

No express revocation shall be needed to terminate my consent. I understand that this consent is voluntary and I may revoke this consent at any time by sending a written notice to MH/DS East Central Region, Attn: Intake Coordinator, 210 5th Ave NE, Independence, IA 50644. I understand that any information released prior to the revocation may be used for the purposes listed above, and does not constitute a breach of my rights to confidentiality. I understand that any disclosure of information carries with it the potential for unauthorized re-disclosure and once the information is disclosed, it may no longer be protected by federal privacy regulations. I understand that I may review the disclosed information by contacting the office listed above.

I understand that I can refuse to sign this authorization but failure to provide access to information necessary to determine eligibility for funding of services may be a basis for denial of service funding. This authorization will expire one year after the date it is signed, unless revoked, or as specified: (list specific event, date or condition) _____

SPECIFIC AUTHORIZATION FOR RELEASE OF INFORMATION PROTECTED BY STATE OR FEDERAL LAW. I specifically authorize the release of data and information relating to Mental Health:

Signature of individual, parent (if minor), or legal guardian _____ Date _____

SPECIFIC AUTHORIZATION FOR RELEASE OF INFORMATION PROTECTED BY STATE OR FEDERAL LAW:

I specifically authorize the release of data and information relating to: (in order for this information to be released, you must sign here and above)

☒ **Substance Abuse** (to be signed only by the Individual Using Services)

☐ **HIV-Related Information**

Signature of Individual Using Services _____ Date _____

Legal Guardian Signature _____ Date _____

Copies: Date: _____ Individual/Guardian _____ Agency _____ File _____

PATIENT BILL OF RIGHTS

Sharing Your Medical Information with Other Iowa Counties and Regions to Improve Your Care Purpose of Letter

The purpose of this letter is to provide you with information about the reason sharing your medical information is necessary. You have an option to not sign this medical information release but doing so may prevent us from having a complete picture of your complete health.

Iowa Law

Iowa's Disclosure of Mental Health and Psychological Information, Chemical Substance Abuse, and Acquired Immune Deficiency Syndrome (AIDS) laws provide protection of your mental health, chemical and substance abuse history, and AIDS testing information. The law is very restrictive on who may see your mental health, chemical and substance abuse history, and AIDS testing information. If you receive services from multiple counties, Iowa Law prevents the counties from sharing this health information.

HIPAA

The Health Insurance Portability and Accountability Act (HIPAA) provides federal protection for individually identifiable health information. However, the rule also allows entities to disclose health information needed for patient care and other purposes, like the ability to bill for the care provided to you.

The Iowa laws protecting mental health, chemical and substance abuse history, and AIDS testing information were passed before HIPAA. Iowa law is more protective than HIPAA and it prevents providers and other health care entities from sharing necessary information to provide you complete care.

Sharing Your Mental Health, Chemical and Substance Abuse History, and AIDS Testing Information Helps Iowa Counties Have a More Complete Picture of Your Health

By signing this agreement you are allowing Iowa counties and regions to share your mental health, chemical and substance abuse history, and AIDS testing information in order to provide better care for you. We do have important safeguards in place to make sure all of your mental health, chemical and substance abuse history, and AIDS testing information is safe. Only authorized individuals will have access to your information. Nothing in this release allows improper use of your mental health, chemical and substance abuse history, and AIDS testing information.

You Can Choose Not to Sign This Agreement

Your privacy is important to us, so we will respect your choice on whether you want us to share your mental health, chemical and substance abuse history, and AIDS testing information with other Iowa counties and regions. You have the right to revoke this authorization at any time.

You May Request a Copy of Your Record

You may request a copy of your CSN record at any time, except for psychological test materials and psychotherapy notes. This includes a list of disclosures of your CSN record. The county or region may impose a reasonable, cost-based fee. That fee may consist of labor for copying your CSN record, supplies for making the copy (such as paper and ink), postage to mail your CSN record to you, and preparing an explanation or summary of your medical information.

Questions

If you have questions or concerns about this agreement, you can bring it up next time you're receiving care from your county. Questions should be directed to your county or region's Privacy Officer.

Authorization for the Use or Disclosure of Confidential Information

Counties and Mental Health and Disability Services Regions in the State of Iowa (referred to hereafter as "Entity") NOTE: A

PHOTOCOPY OF THIS SIGNED AUTHORIZATION IS HEREBY AS EFFECTIVE AS THE ORIGINAL.

As required by the Health Insurance Portability and Accountability Act of 1996, the Entity may not use or disclose your protected health information except as provided in our Notice of Privacy Practices without your authorization. Additionally, Iowa Code §§ 228, 35B, 141A and 252.25 require authorization for the release of certain confidential information. Your signature on this form indicates that you are giving permission for the uses and disclosures of protected health information and other confidential information described herein. You may revoke this authorization at any time by signing and dating the revocation section on your copy of this form and returning the signed revocation section to this office.

AUTHORIZATION SECTION

Client Name: _____ Date of Birth: _____ Client #: _____

Address: _____

I, the undersigned, hereby authorize the Entity staff to release the information indicated below, regarding the above named client, with any Iowa counties or Iowa Mental Health and Disability Services Regions ("Regions") listed on Exhibit A, attached hereto, and/or with providers or agencies who have arranged with the counties or Regions to perform related duties on behalf of the counties or Regions, law enforcement agencies, and community non-profit agencies providing financial assistance (a list of the current affiliated case management entities, law enforcement agencies, community non-profit agencies providing financial assistance and other providers is available upon request), **with the exception of the following Iowa counties, Regions or other entities: _____.**

The undersigned authorizes the Iowa counties and Regions listed on Exhibit A, and/or the case management and other providers who are affiliated with the Iowa counties or Regions listed on Exhibit A, to share the following information with each other for the purposes identified below.

Information to be disclosed includes:	For the following purposes:
To law enforcement agencies, providers or agencies who have arranged with the counties or Regions to perform related duties on behalf of the counties or Regions, and/or community non-profit agencies providing financial assistance: Care Team information, Address type, Insurance information, Events, All applications, Employment information, Resources and Income, and Name of person and entity that entered your information. This does not include any information related to HIV/AIDS related testing, mental health, or substance use disorder treatment information.	In keeping with national, state and local efforts to enhance care coordination, parties will access/disclose records for the purposes of: coordinating treatment/care, determining benefit eligibility, obtaining authorizations, jail based service coordination, coordinating the funding for services and other benefits available to you, and assisting with state and federal reporting requirements.
To Iowa counties and Regions listed on Exhibit A and/or case management agencies: Billing information, including claims payment and claims history; Funding authorizations; Other services received including hospitalizations; Medical record including diagnosis information; Employment information; Education information; Resources and income; Medical History; Medications; Allergies; Case Management Information including: service plans, social history, discharge summaries and client contact information; and All applications, investigation reports, and case records related to county general assistance and county commissions of veteran affairs described in Iowa Code § 252.25 and § 35B.10.	Parties will access/disclose records for the purposes of: coordinating treatment, paying claims, determining benefit eligibility, obtaining authorizations, jail based service coordination, funding for services and abiding by state and federal reporting requirements.
SPECIFIC AUTHORIZATION FOR RELEASE OF INFORMATION PROTECTED BY STATE OR FEDERAL LAW I hereby specifically authorize the release and sharing of information with Iowa Counties and Regions listed on Exhibit A and/or case management agencies, relating to: (check any that apply) NOTE: This authorization for release of information does not authorize the release and/or sharing of information relating to substance use disorder treatment.	

☐ HIV/AIDS Related Testing Information ☐ Mental Health Information (**NOTE:** This Authorization may not be used to authorize the use or disclosure of psychotherapy notes. The client has the right to inspect any disclosed Mental Health Information at any time. If Mental Health Information is disclosed, a copy of this Authorization shall be included in the client's record of Mental Health Information).

Expiration Date. This Authorization is in effect from the date of your signature until it is revoked, unless a different date is listed below:

☐ ____ / ____ / ____ (specify date).

This authorization may be revoked at any time by signing the revocation section on your copy of this form and returning it to the Entity at the address listed at the top of this form, except to the extent that action has been taken in reliance on this Authorization. You are not required to sign this Authorization as a condition of obtaining treatment, payment, enrollment or eligibility for benefits. You may inspect and/or copy the information disclosed. Some information disclosed pursuant to this Authorization potentially could be subject to redisclosure by the recipient, and if redisclosed, the information would no longer be protected by the federal privacy rule.

By signing below, I acknowledge that I have read and I understand this Authorization form. I also acknowledge receipt of a copy of this Authorization form.

Signed: _____ Date: _____

Print Name: _____ Telephone: _____

If not signed by the client, please indicate relationship:

☐ parent or guardian of minor client

☐ guardian or conservator of a client (if and to the extent authorized under State law)

☐ personal representative of deceased client

☐ other (specify) _____

Copy sent to Client/Guardian on: _____ (date) at following address: _____

v14, Approved 6.26.19

A COPY OF THIS SIGNED AUTHORIZATION MUST BE GIVEN TO THE CLIENT OR CLIENT'S PERSONAL REPRESENTATIVE

Notice to Recipients of Mental Health Information: In accordance with Iowa Code Chapter 228, a recipient of mental health information may further disclose this information *only* with the written authorization of the subject or the subject's legal representative or as otherwise provided in Chapters 228. The unauthorized disclosure of mental health information is unlawful. Civil damages and criminal penalties may be applicable to the unauthorized disclosure of mental health information.

Notice to Recipients of HIV-Related Testing Information: This information may have been disclosed to you from records whose confidentiality is protected by state law, and penalties under Iowa Code Chapter 141A apply to the unauthorized disclosure of these records.

EXHIBIT A

<u>Iowa Counties:</u>	Floyd	Monroe	<u>Iowa Mental Health and Disability Services Regions:</u>
Adair	Franklin	Montgomery	
Adams	Fremont	Muscatine	
Allamakee	Greene	O'Brien	Central Iowa Community Services
Appanoose	Grundy	Osceola	
Audubon	Guthrie	Page	County Rural Offices of Social Services
Benton Black	Hamilton	Palo Alto	
Hawk Boone	Hancock	Plymouth	County Social Services
Bremer	Hardin	Pocahontas	Eastern Iowa MHDS
Buchanan	Harrison	Polk	Heart of Iowa
Buena Vista	Henry	Pottawattamie	
Butler	Howard	Poweshiek	MHDS of the East Central Region
Calhoun	Humboldt	Ringgold	
Carroll Cass	Ida	Sac	North West Iowa Care Connection
Cedar	Iowa	Scott	
Cerro Gordo	Jackson	Shelby	Polk County Health Services
Cherokee	Jasper	Sioux	
Chickasaw	Jefferson	Story	Rolling Hills Community Services
Clarke	Johnson	Tama	
Clay Clayton	Jones	Taylor	Sioux Rivers MHDS
Clinton	Keokuk	Union	South Central Behavioral Health
Crawford	Kossuth	Van Buren	
Dallas Davis	Lee	Wapello	Southeast Iowa Link
Decatur	Linn	Warren	
Delaware	Louisa	Washington	Southern Hills Regional Mental Health
Des Moines	Lucas	Wayne	Southwest Iowa MHDS
Dickinson	Lyon	Webster	
Dubuque	Madison	Winnebago	
Emmet	Mahaska	Winneshiek	
Fayette	Marion	Woodbury	
	Marshall	Worth	
	Mills	Wright	
	Mitchell		
	Monona		

REVOCATION SECTION

I hereby revoke this Authorization.

Signed: _____ Date: _____
 Copy sent to Client/Guardian on: _____ (date) at following address: _____
 v14, Approved 6.26.19

**MENTAL HEALTH AND DISABILITY SERVICES OF THE EAST CENTRAL REGION
EXCEPTION TO POLICY REQUEST**

Exceptions will not be considered for expenses that are more than 30 days old or for services (including rent, utilities, and deposits) that were not preapproved.

Applicant's Name: _____ **CSN #:** _____ **Date:** [Click here to enter a date.](#)

Service Coordinator: _____ **Email:** _____ **Phone #:** _____

Provider Agency: _____ **Agency Representative:** _____ **Email:** _____

Current Services Received:

Agency Name	Service Requested for Exception	Number of Units	Unit Cost	Expected Start Date	Expected End Date
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Reason exception is required:

Over income/resource guidelines

Lack of required documentation (proof of income/resources, ID, diagnosis)

What documentation is missing? _____ Reason?

Non-covered service

Does not meet rent eligibility criteria (includes lack of hospitalization, over 24-months, etc.)

Client with income not paying CP or full co-pay

Retroactive payment (cannot be greater than 30 days)

Does not meet diagnostic criteria (includes no proof of ID before age 18 or DD before 22)

Lost Medicaid

Reason for losing Medicaid: _____ Date Medicaid ended:

When did you become aware of the loss?

What have you done to get Medicaid reinstated (include dates and outcome of appeals)?

Other:

Reason for and circumstances surrounding need for exception:

Why is client unable to pay (if applicable)?

Other funding sources/resources attempted:

CEO/DESIGNEE USE ONLY:

Approve Deny

Need more information

If **denied**, reason for Denial:

Conditions of approval or other comments:

Chief Executive Officer/Designee Signature: _____ Date:

As an Exception to Policy, this decision is not appealable/eligible for reconsideration.

ECR USE ONLY:

Approved **Approved, Pending** _____ **Denied (Exceptions to Policy Requests are not
appealable)**